

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:							
Estimated average burden							
hours per respons	se 16.00						

SEC USE ONLY						
Prefix	Serial I					
DA.	TE RECEIVED					
1	1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) AEPI FIVE GATES PROSPECT DRILLING PROGRAM	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) 🔽 ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	07047114
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) AMERICAN ENERGY PARTNERS, INC.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 28615 IH-10 WEST, BOERNE, TEXAS 78006	Telephone Number (Including Area Code) 830-755-2112
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
DRILLING, TESTING AND COMPLETING ONE OIL AND GAS WELL	•
Type of Business Organization	PROCECCE
hugingg truct I limited negtureship to be formed	please specify): PROCESSED
Month Year	MAR 2 6 2007
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat	1 / 110/0510
CN for Canada; FN for other foreign jurisdiction)	FINIANCIAL FINIANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	3. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for SULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

					A. BASIC IDI	ENTII	FICATION DATA				
2. Enter th	ne information r	equest	ed for the fo	ollowin	ıg:						
• Ea	ch promoter of	the iss	uer, if the i	ssuer h	as been organized w	ithin	the past five years;				
• Ea	ich beneficial ov	ner ha	ving the po	wer to	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
• Ea	ch executive of	ficer a	nd director	of corp	orate issuers and of	согро	rate general and man	aging	partners of	partne	ership issuers; and
• Ea	ch general and	managi	ing partner	of part	nership issuers.						
Check Box(e	s) that Apply:	7	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Mana (I		· C · · · · ·	* 1 . 15								
AMERICAN	ast name first, NENERGY P	ARTN	IERS, INC								
	Residence Addre 10 WEST, BO				t, City, State, Zip Co 6	ode)					
Check Box(e	s) that Apply:		Promoter	Ø	Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (L ECKARD,	ast name first.	f indiv	vidual)		,				,	•	
	Residence Addre				t, City, State, Zip Co	ode)			· · ·		
Check Box(e	s) that Apply:		Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
•	ast name first, DONALD F., I		vidual)								
	Residence Addre O WEST, BOE	•			t, City, State, Zip Co	ide)					
Check Box(e.	s) that Apply:		Promoter		Beneficial Owner	V	Executive Officer		Director		General and/or Managing Partner
Full Name (L TOPPER, D	ast name first, i	f indiv	ridual)					·			
	Residence Addre				t, City, State, Zip Co 6	de)					
Check Box(e	s) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first,	findiv	vidual)						···································		
Business or F	Residence Addre	ess (î	Number and	Street	t, City, State, Zip Co	de)					
Check Box(e	s) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first,	f indiv	/idual)								
Business or F	Residence Addre	ess (1	Number and	Street	, City, State, Zip Co	ode)					
Check Box(es	s) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first, i	findiv	ridual)								
Business or R	Residence Addre	ss (N	Number and	Street	, City, State, Zip Co	de)					
			(Use bla	nk she	et, or copy and use	additie	onal copies of this sh	eet, a	s necessary)	

					B. I	NFORMAT	ION ABOU	T OFFERI	NG				_
1	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
•,	rias tric	155UC1 5010	i, or does a							-		L	X
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									\$_3,3	75.00		
	3. Does the offering permit joint ownership of a single unit?									Yes	No		
												K	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
			first, if indi										
			Address (N			ity, State, Z	ip Code)						
			OERNE, T		006								
Nam	c of Ass	ociated Br	oker or De	aler									
State	s in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
((Check '	'All States	" or check	individual	States)	***************************************	******************	•••••	***************************************			☐ AI	States
[AL	AK	ML	AR	C/A	(X)	CT	DE	DC	EL	GA	HI	ID
	¥.	IN	M	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD.	[NH] [TN]	NJ TX	[MM] [VT]	[NAY] [VT]	VA	ND WA	OH WW	QK WI	OR WY	PR
						<u> </u>			[11/1]	<u> </u>		[11.1]	
Full :	Name (L	ast name	first, if indi	ividual)									
Busin	ness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name	2 2 C A 22	aniated De	oker or De	-10-									
ivaiii	c ui Ass	ociateu bi	OKCI UI DC	aici									
			Listed Has										
			Listed Has						•••••			☐ AI	l States
[(Check '	'All States	or check	individual	States)	CO	[CT]	DE	DC	FL	GA	Н	ID
) [}	(Check '	All States	a" or check AZ IA	individual AR KS	States) CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
)] }	(Check '	'All States	or check	individual	States)	CO	[CT]	DE	DC	FL	GA	HI MS OR	ID MO PA
] { [(Check 'AL IL	All States AK IN NE SC	" or check AZ IA NV SD	AR KS NH TN	States) CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS	ID MO
[(Check ' AL IL MT RI Name (L	All States AK IN NE SC ast name	AZ IA NV SD first, if indi	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
[[[Full]	(Check ' AL IL MT RI Name (L	All States AK IN NE SC ast name	" or check AZ IA NV SD	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
[[[Full]	(Check ' AL IL MT RI Name (L	All States AK IN NE SC ast name	AZ IA NV SD first, if indi	AR KS NH TN vidual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Full I Busin	AL IL MT RI Name (L	All States AK IN NE SC Ast name Residence	AZ IA NV SD first, if indi	AR KS NH TN ividual)	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Full I Busin Name	AL IL MT RI Name (L ness or e of Asso	All States AK IN NE SC ast name Residence ociated Br	AZ IA NV SD first, if indi Address (Notes or Decomposite to the control of t	AR KS NH TN ividual)	States) CA KY NJ TX d Street, C	CO LA NM UT ity, State, 7	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA
Full I Busin	AL IL MT RI Name (L ness or e of Asso	All States AK IN NE SC ast name Residence ociated Br	AZ IA NV SD first, if indi Address (Noter or Decomposite of D	AR KS NH TN ividual)	States) CA KY NJ TX d Street, C	CO LA NM UT ity, State, 7	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full I Busin Name State:	AL IL MT RI Name (L ness or e of Asso s in Whi (Check "	AK IN NE SC Ast name act name	AZ IA NV SD first, if indi Address (N oker or Dea	AR KS NH TN ividual) Number an aler s Solicited individual	CA KY NJ TX d Street, C or Intends States)	CO [LA] NM UT ity, State, 7	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

•.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check box and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	neck and	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$_0.00	\$_0.00
	Equity		\$ 0.00
	Common Preferred		0.00
	Convertible Securities (including warrants)		s
	Partnership Interests		\$ 459,000.00
	Other (Specify OIL & GAS INTERESTS)		
	Total	§ 073,000.00	\$_459,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indi the number of persons who have purchased securities and the aggregate dollar amount of t purchases on the total lines. Enter "0" if answer is "none" or "zero."	cate	Aggregate Dollar Amount of Purchases
	Accredited Investors	26	\$_459,000.00
	Non-accredited Investors	<u>0</u>	<u>\$_0.00</u>
	Total (for filings under Rule 504 only)	<u>0</u>	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securisold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	the	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$_0.00
	Regulation A	0	\$ 0.00
	Rule 504	0	\$_0.00
	Total		<u>\$_0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insurant information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	ırer.	
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		0.00
	Legal Fees		0.00
	Accounting Fees	4	\$ 0.00
	Engineering Fees	_	
	Sales Commissions (specify finders' fees separately)		§ 67,500.00
	Other Expenses (identify) FILING FEES		0.00
	Total	ے	67.500.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$607,500.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	2 \$_0.00	₽ \$_0.00
	Purchase of real estate	\$_0.00	☑ \$ <u>0.00</u>
	Purchase, rental or leasing and installation of machinery and equipment	⊘ \$ 0.00	Z \$ 0.00
	Construction or leasing of plant buildings and facilities	Ø \$ 0.00	\$ 0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		∠ \$_0.00
	Repayment of indebtedness	2 \$ 0.00	✓ \$ 0.00
	Working capital		Z \$_0.00
	Other (specify): LEASEHOLD, GEOLOGY, AND ORGANIZATIONAL COSTS	316,875.00	\$_0.00
	DRILLING AND COMPLETION COSTS	290,625.00 \$	Z \$_0.00
	Column Totals	∑ \$ 607,500.00	☑ \$ 0.00
	Total Payments Listed (column totals added)	∑ \$ 60	7,500.00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commistinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte:	
Iss	uer (Print or Type) Signature	Date	

Issuer (Print or Type)

AMERICAN ENERGY PARTNERS, INC.

Name of Signer (Print or Type)

DONALD F. HAMBLY, II

Date

MARCH 7, 2007

Title of Signer (Print or Type)

VICE PRESIDENT OF OPERATIONS

· ATTENTION ·

	E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠				
	See Appendix, Column 5, for state response.						

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature		Date
AMERICAN ENERGY PARTNERS, INC.			MARCH 7, 2007
Name (Print or Type)	Title (Print or Type)		
DONALD F. HAMBLY, II	VICE PRESIDENT OF O	PERATIONS	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX											
1	to non-ac	to sell	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL	<u> </u>										
AK											
AZ		×	\$675,000	2	\$20,250.00	0	\$0.00		×		
AR											
CA		×	\$675,000	4	\$114,750.00	0	\$0.00		×		
со											
СТ	: :										
DE											
DC											
FL		×	\$675,000	8	\$128,250.00	0	\$0.00	:	×		
GA									<u></u>		
н											
ID											
IL											
IN		<u> </u>									
IA											
KS											
KY	· ,										
LA											
ME											
MD								T			
MA											
МІ	codente ple co	×	\$675,000	1	\$6,750.00	0	\$0.00		×		
MN											
MS											

APPENDIX 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited **Investors** Investors Yes No State Yes No Amount Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA \$675,000 \$27,000.00 0 X \$0.00 RI SC SD TN 8 TX\$675,000 \$141,750.00 0 \$0.00 X X 1 UT \$13,500.00 0 \$675,000 × \$0.00 X VT VA \$675,000 0 1 \$0.00 X \$6,750.00 X WAWV WI

	APPENDIX											
1		2	3		4							
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)				under St (if yes, explan waiver	lification ate ULOE attach ation of granted) -Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												

